

Municipality _____	County _____
Mayor _____	Address _____
Contact _____	Title _____
Receiving Stream _____	Main Watershed _____
No. of Sewer Customers _____	No. of Cells _____ Cell Config. _____ Series _____ Size _____
Industrial Wastes _____	Nearest Residence _____
Fencing _____	Signs _____
Measuring Devices: Type _____	Recorder _____
Comments: _____ _____	
Condition of Pumping Station _____	
Condition of Influent Line (Manhole) _____	
Condition of Dikes _____ _____	
Surface Water Drainage _____ _____	
Outlet Structure:	
1. Operating Levels Provided _____	
2. Condition of (a) Baffles _____	
(b) Valves _____	
3. Comments _____ _____	
Aquatic Vegetation:	
1. Floating _____	
2. Emergent _____	
3. Submersed _____	
Appearance of Lagoon _____	
Appearance of Effluent _____ _____	
Apparent Effects on Rec. Stream _____ _____ _____	
Comments: _____ _____ _____ _____ _____ _____	
Date _____	Inspected By _____